

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. **139**

Registered No. **14**

1. PLACE OF BIRTH

County **Gila** State **ARIZONA**

District or Township **Lower Miami** or Village

City **MIAMI** No. **Marion Canyon** St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Urmie Lon Elmer** If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY 4. Twin, triplet or other 5. Legitimate 6. Date of birth **Jan 7 1931**
Female In event of plural births. 6. No. In order of birth **yes** Month Day Year

8. FATHER 14. MOTHER

Full name **Joseph Franklin Elmer** Full maiden name **Josephine Woodsey**

9. Residence 16. Residence
(Usual place of abode) **MIAMI, ARIZONA** (Usual place of abode) **MIAMI, ARIZONA**

If non-resident, give place and state. If non-resident, give place and state.

10. Color or race 16. Color or race
White **White**

11. Age at last birthday **24** (Years) 17. Age at last birthday **21** (Years)

12. Birthplace (city or place) **Emery** 18. Birthplace (city or place) **Safford**
(State or country) **Arizona** (State or country) **Arizona**

13. Occupation **Miner** 19. Occupation **Housewife**
Nature of Industry **Copper** Nature of Industry

20. Number of children of this mother 21. Were precautions taken against ophthalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0** **yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **alive** at **5:20 A** m on the date above stated.
(Born alive ~~or~~ stillborn)

Signature **F. F. Miller**
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from a supplemental report Month, day, year Address **MIAMI, ARIZONA**

Filed **Jan 15 1931** Registrar **B. E. Jorin**

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